

BROADBAND LIFELINE ASSISTANCE APPLICATION FORM

Subscriber's Full Name: _____

Subscriber's Physical Address: _____
(Address cannot be a post office box)

City: _____ State: _____ Zip: _____

➤ Is the physical address you provided permanent or temporary? (check one) ☐ permanent ☐ temporary

➤ If your physical address is temporary, please read and initial statement on next line:

I promise to re-verify my temporary address every 90 days. _____
(initial here)

Subscriber's Billing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____
(Please provide if you are an existing customer)

Subscriber's Date of Birth: _____ Last 4 digits of Subscriber's Social Security # or Tribal ID/Census #: _____

Telephone Number Where you Can Be Reached: _____

Check Box that best describes where you live: ☐ I live on tribal land or a reservation ☐ I do not live on tribal land or a reservation

COMPLETE SECTION 1 OR 2, BUT DO NOT FILL OUT BOTH

SECTION 1.

I, or a member of my household, currently participate in the following program(s):

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance) | <input type="checkbox"/> Food Stamps (SNAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> National School Lunch program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Federal Public Housing Assistance (Including Sect. 8) |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> BIA General Assistance Programs |
| <input type="checkbox"/> Headstart | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |

SECTION 2.

I do not receive benefits from any of the programs listed above, BUT my income is at or below 150% of the Federal Poverty Guidelines. Please check the box below that applies to your household and attach a copy of the supporting documentation described below:

Please check	# household members	Household Income (at or below)
<input type="checkbox"/>	1	\$16,755
<input type="checkbox"/>	2	\$22,695
<input type="checkbox"/>	3	\$28,635
<input type="checkbox"/>	4	\$34,575
<input type="checkbox"/>	5	\$40,515
<input type="checkbox"/>	6	\$46,455
<input type="checkbox"/>	7	\$52,395
<input type="checkbox"/>	8	\$58,335
<input type="checkbox"/>	No. _____	* Add \$5,940 each additional person

SECTION 2 (continued)

Please attach a copy of one of the documents below if you did not check any boxes in SECTION #1.

- ☐ Previous Year State/Federal or Tribal Tax Return
- ☐ Veterans Administration statement of benefits
- ☐ Social Security Administration statement of benefits
- ☐ Retirement/pension statement of benefits
- ☐ Unemployment/Workers Compensation statement of benefits
- ☐ Current year-to-date earnings statement from an employer or 3 consecutive months of pay stubs
- ☐ Divorce decree or child support wage assignment statement
- ☐ Tribal Notice Letter of Participation in General Assistance

I agree to notify my phone company when I or a member of my household no longer participates in any of the above qualifying public assistance programs, or when there has been a change in my family size or income level, or a change in my address within 30 days.

I understand and acknowledge that:

- Lifeline is a federal benefit;
- I am eligible for Lifeline benefits under the guidelines stated above;
- Willfully making false statements can result in fines, imprisonment, and disenrollment from the Lifeline program;
- Only 1 Lifeline service is available per household (a household being “an individual or group of individuals who live together at the same address and share income & expenses);
- A household is not allowed to receive Lifeline benefits from more than 1 provider;
- Violation of the 1-per-household rule is a violation of the U.S. federal government and will result in my disenrollment from the Lifeline program;
- I certify that no one else in my household receives Lifeline benefits;
- I may **not** transfer my Lifeline benefits to anyone else;
- My continued eligibility for Lifeline benefits will be based on my being re-certified and that failure to do so will result in my termination from Lifeline benefits;
- I will notify Sacred Wind within 30 days if I am no longer eligible for Lifeline benefits for any reason and if there is any change in my address and
- I consent to have my name, address, and telephone number and any other information provided on this form to the Universal Service Administration Company (USAC) and/or its agents for purposes of verifying my eligibility for Lifeline benefits.

I certify under penalty of perjury that the information contained in my application is true and correct to the best of my knowledge and that I agree to the statements above. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Subscriber's Signature

Date

IMPORTANT NOTE

The attached **Lifeline Multiple Household Form is to be completed if an individual at the applicant's residential address is already receiving Lifeline benefits.**

OFFICE USE ONLY

Date of Lifeline Activation: _____

- ❖ **Pending implementation of federal Database**
- ❖ National Lifeline Accountability Database was checked on _____.
- ☐ Database shows that applicant at address above is eligible for Lifeline benefits.
- ☐ Database shows that another subscriber at above address is already receiving Lifeline benefits, but applicant attests on our *Lifeline Multiple Households form* that this other subscriber is from another “household” within the same address. I have had the above applicant complete our *Lifeline Multiple Household form* (see attached form).

CSSR

Date

Please call our Business Office Toll Free at 1-877-722-3393 if you have any questions.

